

STOCKSBRIDGE URBAN DISTRICT COUNCIL

A N N U A L   R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the

Year 1968.



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STOCKSBRIDGE URBAN DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE, 1968.

Councillor A. SWEENEY, J.P. (Chairman)

" A. E. DAVIES (Chairman of the Council)

" A. T. NEEDLE (Vice-Chairman of the Council)

" Miss M. E. BALFOUR

" R. COULDWELL (Retired 23.5.68)

" J. DOBSON (Commenced 23.5.68)

" C. ELLIOTT (Commenced 23.5.68)

" Mrs. V. GRAND

" A. HAWLEY

" A. D. LEATHER

" W. MARSHALL

" L. H. SCHOLEY

" C. WATKINSON

STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health:

F.C. ARMSTRONG, M.B., Ch.B., D.P.H. (St. Andrews)

Chief Public Health Inspector and Housing Officer:

A.E. KAYE, M.A.P.H.I.

Pupil Public Health Inspector:

G.R. MOORE

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STOCKSBRIDGE URBAN DISTRICT COUNCIL

Annual Report of the Medical Officer of Health  
for the year 1968.

To the Chairman and Members of the Stocksbridge Urban District Council

Ladies and Gentlemen,

I have the honour to present my Annual Report upon the Health Services of the Stocksbridge Urban District for the year ended 31st December, 1968. I also include some details of the Part III service provided by the Local Health Authority during the period under review.

The Birth Rate was 18.3 the corrected rate being 18.6 The Death Rate was 8.8 and the corrected rate was 10.9 The Still-birth Rate 20.7, compared with 4.6 for 1967, this represents 5 still-births in 1968 and one in 1967. The Infantile Mortality Rate was 12.7 representing 12 deaths, compared with 4 deaths in 1967.

None of these statistics is unduly out of step, compared with the national figures.

As before, the outstanding sections in the principal causes of death are circulatory disease and respiratory disease.

From the recent dramatic publicity on cardiac surgery, you can deduce the amount of time and resources being devoted to this problem so far with moderate success. There is of course, a great deal of work going on into the problem as a whole, but not publicised in such a manner.

Respiratory disease has many causes, e.g. working situations as mining, smoking, and also atmospheric pollution. Connected with this latter is the national campaign for clean air. This is necessarily a slow-moving change, due largely to the cost of the switch-over to domestic appliances. Recent fuel difficulties may also have a delaying effect, but I urge the Council to continue their sound policy of steady atmospheric improvement as the circumstances permit.

The general picture of infectious diseases is a satisfactory one. The annual fluctuations are almost entirely due to measles. At the time of writing I am beginning, along with the local doctors, a campaign for measles immunisation. Previous attempts have been relatively unsuccessful due to vaccine supply difficulties. This time however, I have all the necessary vaccine, and expect good results.



At the time of writing, the new Health Centre is open and in use by all the medical services of the township. There are, of course, teething problems, but of a minor nature and easily dealt with. In time, I am of the opinion that we will all look back at this development and realise what a sound step it has been from many points of view.

As I write, the swimming baths are also open and in use. This provides an excellent sporting and amenity asset to the town. Let us hope that these two projects are only the first of a number of progressive projects. In the near future I hope to arrange for the pupils from the mentally handicapped centre to use the swimming baths.

Mr. Kaye, the Chief Public Health Inspector, has provided the statistics for that part of the report which deals with sanitary circumstances.

At the end of the year there were 4,842 houses in the district compared with 4,634 in 1967. Eight dwellings were represented in clearance areas.

Of the total dwellings, 4,789 were connected to water carriage sewage disposal. The remaining 53 have earth or pail closets.

4,783 dwellings have a public mains water supply; the remaining 59 have a private supply. Any consumer of these latter can have advice or help with sampling if they are anxious.

In conclusion I would like to thank the Chairman and members of the Health Committee for their support and assistance during the year. I would also like to thank my colleagues on the Council staff for their co-operation and assistance.

I am,

Yours faithfully,

F.C. ARMSTRONG

Medical Officer of Health.

## DISTRICT STATISTICS IN BRIEF.

The Stocksbridge Urban District covers an area of 4,630 acres. The number of inhabited houses at the end of 1968 was 4,842. The rateable value of the district is £696,659, whilst the product of penny rate is £2,800 as at 1st April, 1968.

### VITAL STATISTICS

#### POPULATION.

The Registrar-General has given his estimation of the population as 12,920, an increase of 490 as compared with the 1967 figure.

#### BIRTHS.

There were 236 live births registered in the district during the year. Of these 132 were males and 104 females. There were 11 illegitimate births, 7 male and 4 female.

#### STILL-BIRTHS.

During the year there were 5 still-births, 3 male and 2 female.

#### DEATHS

114 deaths were attributed to the district during 1968, 68 male and 46 female. Below I give tables of Live Birth Rates, Still-birth Rates and Crude Death Rates, with those rates for other parts of the country.

### RATES PER 1,000 TOTAL POPULATION.

Year	England and Wales	West Riding Administrative County	Stocksbridge U.D.	
LIVE BIRTHS (Rates per 1,000 of the population)			Crude Rate	Corrected Rate
1968	16.9	17.6	18.3	18.6
1967	17.2	18.0	17.5	17.8
1966	17.7	18.0	16.9	17.3
1965	18.0	18.2	16.6	16.9
1964	18.4	18.5	17.7	18.0



# DEATHS

(Rates per 1,000 of the population)

Year	England and Wales	West Riding Administrative County	Stocksbridge U.D.	
			Crude Rate	Corrected Rate
1968	11.9	11.6	8.8	10.9
1967	11.2	11.2	10.0	12.5
1966	11.7	12.1	10.3	13.0
1965	11.5	11.6	10.8	13.6
1964	11.3	11.5	9.1	11.5

# STILL BIRTHS

(Rates per 1,000 Live and Still Births)

1968	14.3	14.3	20.7
1967	14.8	15.2	4.6
1966	15.4	14.4	23.7
1965	15.7	16.0	19.9
1964	16.3	17.6	4.8

## PRINCIPAL CAUSES OF DEATH

<u>CANCER</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Malignant neoplasm, uterus ... ..	-	3	3
Malignant neoplasm, breast ... ..	-	3	3
Malignant neoplasm, stomach ... ..	1	1	2
Malignant neoplasm, lung and bronchus ...	7	-	7
Other malignant and lymphatic neoplasms, including leukaemia and aleukaemia ...	8	4	12
<u>SYPHILITIC DISEASE</u> ... ..	-	-	-
<u>DIABETES</u> ... ..	-	3	3
<u>OTHER ENDOCRINE DISEASES</u> , etc. ...	-	2	2
<u>NERVOUS SYSTEM</u>			
Other diseases of nervous system, etc.	-	1	1
<u>CIRCULATORY SYSTEM</u>			
Chronic rheumatic heart disease ... ..	2	-	2
Hypertensive disease ... ..	3	1	4
Ischaemic heart disease ... ..	19	8	27
Other forms of heart disease ... ..	1	2	3
Cerebro-vascular disease ... ..	7	8	15
Other diseases of Circulatory System ...	3	5	8
<u>DIGESTIVE SYSTEM</u>			
Ulcer of stomach and duodenum ... ..	1	-	1
Gastritis, Enteritis and Diarrhoea ...	-	-	-

# Principal Causes of Death (Cont'd)

<u>RESPIRATORY SYSTEM</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Tuberculosis . . . . .	-	-	-
Pneumonia . . . . .	1	1	2
Bronchitis and Emphysema . . . . .	6	2	8
Influenza . . . . .	-	-	-
Other diseases of Respiratory System	3	-	3
<u>GENITO-URINARY SYSTEM</u>			
Nephritis, Nephrosis and other diseases	1	1	2
<u>DISEASES OF MUSCULO-SKELETAL SYSTEM</u> . . .	1	-	1
<u>CONGENITAL MALFORMATIONS</u> . . . . .	2	-	2
<u>OTHER DEFINED and ILL-DEFINED DISEASES</u>	-	-	-
<u>SUICIDE</u> . . . . .	-	-	-
<u>ACCIDENTS</u>			
Motor Vehicle . . . . .	1	-	1
All other accidents . . . . .	1	1	2
<u>ALL CAUSES</u> . . . . .	68	46	114

# AGE DISTRIBUTION OF DEATHS

					<u>Male</u>	<u>Female</u>
Under 1 year	...	...	...	...	2	1
1 to 2 years	...	...	...	...	—	—
2 to 5 years	...	...	...	...	1	—
5 to 15 years	...	...	...	...	1	—
15 to 25 years	...	...	...	...	—	—
25 to 45 years	...	...	...	...	3	3
45 to 65 years	...	...	...	...	25	11
65 years and over	...	...	...	...	36	31
				TOTAL	<u>68</u>	<u>46</u>

## INFANTILE MORTALITY

There were 3 deaths under 1 year of age, 2 male and 1 female, equivalent to a rate of 12.7 per 1,000 live births.

## DEATHS UNDER 1 YEAR

(Rates per 1,000 Related Live Births)

<u>Year</u>	<u>England and Wales</u>	<u>West Riding Administrative County</u>	<u>Stocksbridge U.D.</u>
1968	18.3	18.5	12.7
1967	18.3	19.2	18.4
1966	19.0	19.8	19.4
1965	19.0	20.7	10.2
1964	20.0	22.2	14.6

# TABLE SHOWING AGE DISTRIBUTION OF

## INFANTILE DEATHS.

Cause of Death	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Immaturity	-	-	-	-	-	-	-	-	-	-
Pneumonia	-	-	-	-	-	1	-	-	-	1
All other accidents	1	-	-	-	1	-	1	-	-	2
Total	1	-	-	-	1	1	1	-	-	3
1967	2	-	-	-	2	1	1	-	-	4
1966	2	1	-	-	3	-	-	-	1	4
1965	2	-	-	-	2	-	-	-	-	2
1964	3	-	-	-	3	-	-	-	-	3

## EPIDEMIC DISEASES.

There were no deaths in the Epidemic Diseases (other than Tuberculosis) group during the year.

## MATERNAL MORTALITY

There were no Maternal Deaths during 1968.

## INQUESTS.

Inquests were held on 3 occasions, and in 15 cases the cause of death was certified by the Coroner after Post-Mortem Examination without inquest.



NATIONAL HEALTH SERVICE ACTS, 1946/57.

VITAL STATISTICS

Live Births	... ..	236
Live Birth Rate per 1,000 population	... ..	18.3
Illegitimate Live Births per cent of total live births		4.6
Still-births	... ..	5
Still-birth Rate per 1,000 total live and still-births		20.7
Total Live and Still-births	... ..	241
Infant Deaths (deaths under 1 year)	... ..	3

INFANT MORTALITY RATES

Total infant deaths per 1,000 total live births	... ..	12.7
Legitimate infant deaths per 1,000 legitimate live births	... ..	13.3
Illegitimate infant deaths per 1,000 illegitimate live births	... ..	-
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	... ..	4.2
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	... ..	4.2
Peri-natal Mortality Rate (Still-births and deaths under 1 week combined per 1,000 total live and still-births)	... ..	24.9



PREVALENCE OF, AND CONTROL OVER,  
INFECTIOUS AND OTHER DISEASES.

Infectious Diseases other than Tuberculosis.

During the year 388 cases of Infectious Disease were notified.  
They were distributed as follows:--

	<u>Notifications</u>	<u>After Correction</u>
Measles	388	388
Whooping Cough	-	-
Erysipelas	-	-
Meningococcal Infection	-	-
Dysentery	-	-
Food Poisoning	-	-
Acute Encephalitis	-	-
	<u>388</u>	<u>388</u>

ATTACK RATE OF COMMONER INFECTIOUS DISEASES

Disease	England and Wales	West Riding Administrative County	Stocksbridge U.D.
Scarlet Fever	0.31	0.45	0.00
Measles	4.86	8.62	30.0
Whooping Cough	0.36	0.33	0.00
Dysentery	0.40	0.39	0.00

DISTRIBUTION OF INFECTIOUS DISEASES  
BY AGE GROUPS.

DISEASE	Age Groups	0 - 1 year	1 - 2 years	2 - 3 years	3 - 4 years	4 - 5 years	5 - 10 years	10 - 15 years	15 - 25 years	25 - 35 years	35 - 45 years	45 - 65 years	65 and over	Age unknown	TOTALS
Measles .. ..	..	12	38	44	49	50	189	1	1	1	1	1	1	5	388
Scarlet Fever ..	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Whooping Cough ..	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Erysipelas ..	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Meningococcal Infection ..	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dysentery .. ..	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Food Poisoning ..	..	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Acute Encephalitis		1	1	1	1	1	1	1	1	1	1	1	1	1	1
TOTALS ..		12	38	44	49	50	189	1	1	1	1	1	1	5	388

## SCARLET FEVER

There were no cases of Scarlet Fever notified in the district, which is the same as the situation for 1967.

## DIPHTHERIA

No cases of Diphtheria were notified during 1968. During this year we continued, the computer scheme for recording immunisation. As I explained in your last report, this use of the computer is designed to keep a very close check on those children who have not been immunised at the appropriate age, and to continue to issue repeat invitations to the parents to have the procedure carried out. As a result of this we have achieved a much higher rate of immunisation in the divisional area. The figures for 1968 are deceptively reduced, the reduction being caused by the commencement of a new immunisation schedule on 1st April, 1968.

		1968	1967
Primary immunisations	... ..	877	1,309
'Booster' doses	... ..	1,121	1,075

## WHOOPING COUGH

There were no cases of Whooping Cough notified during 1968.

The vast majority of the children who contract Whooping Cough when they have been immunised suffer the disease to a relatively mild degree; in fact, a great many children probably have the disease to such a mild degree that it is unrecognizable as clinical Whooping Cough. In the divisional area 877 children were immunised during 1968, compared with 1,301 during 1967. This figure is lower than that for last year, the reason being that in April of 1968 we switched over to the new Ministry recommended schedule of immunisation, which delayed primary immunisation to the age of six months. As a result of this delay the figures from April, 1968 to April, 1969 are, therefore, reduced.

## MEASLES

In 1968, 388 cases were notified, 200 in the first quarter, 178 in the second quarter, 6 in the third quarter and 4 in the fourth quarter. This is an increase over the number of 38 for 1967. The attack rate for the district was 30.0, which is greater than that for the West Riding Administrative County and also greater than that for England and Wales as a whole. I don't read anything sinister into this situation, as a great deal depends upon which time of the year the outbreak of Measles hits the varying parts of the country and whether, in fact, each outbreak affects the country uniformly. At the time of writing we are about to undertake, for the second time, an immunisation programme against Measles. Early in 1969 an immunisation programme was only just begun, when difficulties over vaccine supply halted it.



## POLIOMYELITIS

There were no cases of Poliomyelitis notified during the year for your district. You will notice from the table on page 13 that there were no cases of Poliomyelitis notified for England and Wales or for the West Riding Administrative County. There can be very little doubt that this is due to the vaccination programme. Like all other vaccination programmes, once begun it is imperative that it continue. The computer method of recording immunisation is of assistance in maintaining a high degree of vaccination, because it issues individual invitations to each child known to reside within the area. Below is given a table showing the immunisation figures for the Division as a whole.

### VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1968

TABLE 1.

Completed Primary Courses - Number of persons under age 16.

Year of birth					Others under age 16	Total
1968	1967	1966	1965	1961-64		
315	536	14	7	28	2	902

The reduced number is accounted for by the change-over in the immunisation schedule, as was described in the paragraph relating to Whooping Cough.

TABLE 2.

Reinforcing Doses - Number of persons under age 16.

Year of birth					Others under age 16	Total
1968	1967	1966	1965	1961-64		
-	239	61	10	769	5	1,084

## SMALLPOX.

There were no cases of Smallpox notified in the area in 1968. A total of 588 persons within the divisional area received primary vaccination, compared with 583 during 1967. As I have said on previous occasions, primary vaccination carries very slight risk with it; unfortunately, the risk increases with age. It is known that the least possible risk is incurred between the ages of 1 and 2 years, therefore it is immediately clear that the proper time to have the procedure carried out is in the second year of life. Revaccination does not carry the risks associated with primary vaccination.

## DISEASES OF THE ALIMENTARY TRACT

There were no cases of Food Poisoning or Dysentery notified during 1968. As I have said on many occasions in the past, both in reports and at Health Committee meetings, the control of these bowel infections is very largely dependent on personal hygiene, not only by the handlers of food in shops, but also on the part of all the public. Even with the greatest care there must occasionally be a transfer of infection from a carrier of a disease to the general public, but if everyone took the appropriate precautions then this sort of outbreak could be kept to a bare minimum. The answer, therefore, is continuous and perhaps intensified health education.

## TUBERCULOSIS

Three cases of Tuberculosis were notified during 1968; one was a new case and two were transferred from Penistone Urban District. All were placed under supervision.

The hard work of the hospital staff and our own, in following up contacts of the known disease and examining them for early detection of secondary disease, has continued. The Mass Radiography Service continues, whenever possible, to visit the area, but no member of the public need wait for such an occasion to arrive because the Mass Radiography Centre in the city is permanently available.

We were fortunate that the Mass Radiography Unit visited Messrs. Samuel Fox & Co. Ltd. during the year.

## B.C.G. VACCINATION

The table below shows that once again vaccination against Tuberculosis was offered to the schoolchildren during their first year in the Secondary School. A simple skin test carried out beforehand shows whether the child requires to be vaccinated. The vaccination itself causes very little trouble, and we usually have a high rate of acceptance.

School	No. Tested	No. Positive	No. Negative	No. Vaccinated
Stocksbridge Sec. Modern.	98	5	93	91 ( two absent)

B.C.G. Vaccination is one of a number of preventive measures against tuberculosis infection; the others are improving housing conditions and improving nutrition, plus a better general understanding of the vital factors in maintaining good general health. This, along with the early detection of the disease through the National Health Service, and principally the Mass Radiography Service, is the reason for the present reasonably satisfactory control of tuberculosis.



## CHIROPODY SERVICE

Taken alongside all the other supporting services for the handicapped and the elderly, this service is another valuable addition. In the past it was not uncommon for an elderly person to become bed-fast for no other reason than that their feet were painful, and with someone of really advanced years it only requires a week or two in bed for the situation to become permanent.

The figures for the treatments during 1968, both at the clinic and domiciliary, are shown below.

	<u>Clinic</u>	<u>Domiciliary</u>	<u>Total</u>
Treatments ... ..	1,410	853	2,263
Number of patients treated ...	341	170	511

## HEALTH EDUCATION

### CLINICS.

No matter what activity is taking place in any clinic, Health Education forms sometimes a small part and often a large part of the general conduct. Posters and other literature are, of course, used. Group discussions, including care of the hair, teeth, skin, and diet, personal hygiene and home safety, are held. In addition to this, all staff, medical Public Health Inspector and nurses are actively engaged in Health Education on every visit they make, because in the vast majority of instances an explanation is given for every instruction issued. In talking of Health Education, one must not forget the mass media, i.e. the television and newspaper source although the quality of the material can sometimes be called in question, nevertheless I am sure we have all noticed the amount of educational material which is available.

### MOTHELCRAFT AND RELAXATION CLASSES

These classes have been held as far as possible once a fortnight in the Clinic. The relaxation exercises are generally held to be beneficial. In addition to this, it allows a number of expectant mothers to meet and discuss with each other their various trials and tribulations. There is no doubt that this is an example of a worry shared being a worry halved. The health visitor also talks to the mothers during these meetings about the general care of their babies and the value of immunisation.

### CHILD WELFARE CLINICS

These are held each week in most areas. These days we are asking the health visitor to take a more and more important role in the Baby Clinic, e.g. most of the immunisation is now done by the health visitor, and with the current shortage of medical staff this has been an enormous help. The Medical Officer now sees those children who are referred by the health visitor.

As always, those ladies who come voluntarily to help at the Child Welfare Clinics provide a most valuable service, and we all appreciate their efforts very much.



## NATIONAL ASSISTANCE ACT

There was no occasion to use the provision of Section 47 of the National Assistance Act, 1948, or the Amendment Act, 1951, during the period under review.

## MENTAL HEALTH SERVICE

The Mental Hospitals are more and more adapted to care for patients on a short term basis, and the means to discharge patients and keep them at home is one of the main aims of a comprehensive community service. All this indicates the necessity for combined planning and improved communication between the various agencies, so that patients have a continuity of treatment of the right kind. Cultural attitudes in the country have undergone a certain change towards the psychiatric patient, but there is still a reluctance on the part of the patient towards admission to hospital.

Psychiatric Out-patient Clinics have been opened in many large general hospitals, often staffed by Consultants from the local Mental Hospitals, resulting in a better and more understanding relationship between general and mental hospitals. The patient is the concern of the general practitioner, psychiatrist and mental welfare officer, and all three must work together. This will be a reality in Ecclesfield when family doctor, psychiatrist, mental welfare officers and other agencies can meet under the same roof and be able to discuss the patient's needs easily and immediately at the new Health Centre.

There was a 100% increase in patients attending the Out-patient Clinic held at Mortomley Hall in 1968. This does not mean that mental illness is on the increase, but that more and more people are concerned about their mental health and seek advice and help for their many problems. It is encouraging to see relatives and friends accompanying the patients to the clinic; they not only show a concern for the patient, but are able to see and feel the atmosphere of a psychiatric clinic away from the hospital surroundings. A total of 236 patients attended the 48 clinic sessions during the year.

There were no serious problems or delays in obtaining beds for patients who required treatment.

A number of students visited the Division during the year and observed the work of the mental welfare officer.

## ADMISSIONS AND DISCHARGES TO MENTAL HOSPITALS

There were 6 patients (5 male and 1 female) admitted to Middlewood Hospital during the year, and 6 were discharged. In all, 5 requested after-care (2 male and 3 female).

## MENTAL SUBNORMALITY

The Friday morning out-patients clinics for subnormal patients continued during the year. A total of 36 juveniles were seen over the 27 sessions. This clinic gives opportunity for parents of severely handicapped children to discuss their many problems with the Consultant Psychiatrist.

No problems were experienced in placing subnormal children in short-stay care hospital beds. This service is a great help to parents and fully appreciated by myself and mental welfare officers.

The Parent/Teachers' Association gave valuable help in organising a successful year of social activities.

## SPECIAL CARE UNIT

During the year this unit was taking in its maximum number of handicapped children, and apart from holidays, sickness and other domestic problems, 11 children attended 5 days a week.

The following are statistics of the mentally subnormal cases in the area.

### Care and Guidance

<u>Over 16 years.</u>	<u>Male</u>	<u>Female</u>
In full employment . . . . .	3	2
Fully employed and/or supervised at home	-	3
Training Centre . . . . .	5	1
Training Centre refused . . . . .	3	1
Unemployable or cot cases . . . . .	2	-
Working part-time . . . . .	1	1
 <u>Under 16 years</u>		
Training Centre . . . . .	4	1
Cot cases in Care Unit . . . . .	1	-
	<u>19</u>	<u>9</u>



## GENERAL PROVISION OF THE HEALTH SERVICES

### HOSPITALS

Infectious Disease. Cases of infectious disease requiring treatment in hospital are admitted to Lodge Moor Hospital, Sheffield.

Maternity Cases. If hospitalization is required in maternity cases it is provided at the Chapeltown Maternity Home, the Northern General Hospital, Sheffield, the Jessop Hospital for women, Sheffield.

General Hospitals. General Hospitals in Sheffield are those used by the people in the Stocksbridge Urban District.

### CERVICAL CYTOLOGY

During the year we continued the service of taking cervical smears for the detection of early carcinoma of the cervix. We have continued the policy of seeking those women most at risk, i.e. over 35 years of age with 4 or more children, but have also taken in any other married women who were anxious to have the test carried out. We have not sought to publicise this very widely, but have preferred rather to seek the cases through our own nurses and through the general practitioner service, since the number of smears available is still limited, and this relative shortage of smear facilities in the laboratory is the controlling factor in the numbers we try to encourage to the clinic. The number of positive tests have been very small indeed, but we sincerely hope, as a result of having discovered these positives, that the ladies concerned will enjoy a normal life span.

### LABORATORY SERVICES.

The Public Health Laboratories at Wakefield and Sheffield are available to provide all the necessary investigations we may require in the epidemiological field. The respective Medical Directors are most willing to help and advise, and I am grateful to them.

### AMBULANCE SERVICE.

The West Riding County Council provide ambulance facilities in accordance with the requirements of Section 27 of the National Health Service Act, 1946.

During the year no difficulty was experienced regarding staffing, and the full complement of staff of 39, plus one Station Officer, worked a three-shift system from the main operational depot at Hoyland, with an alternating shift at the new Penistone Depot, which was officially opened during 1966. There are six vehicles at Hoyland and one ambulance car, and three at Penistone.

Liaison with all hospitals continues at a high level, and the Authority continues to work most amicably with neighbouring County Boroughs.

## Ambulance Service Cont'd

Ambulance calls from doctors, hospitals, institutions and members of the public, in emergencies, are received at the Station Control Room, and are competently dealt with by the efficient use of a radio communication system, ensuring speed and economical use of the vehicles and at the same time reducing mileage to the minimum.

The majority of the ambulance personnel are competent to render first aid, and staff are encouraged to train and obtain current certificates, the County Council giving monetary recognition by way of extra pay as an incentive to qualification.

# C L I N I C S

## CHILD WELFARE.

The clinics held in Stocksbridge area are listed below, together with the number of attendances during the year 1968.

### CHILD WELFARE CENTRES

Name and Address of Centre Name of Doctor and Health Visitor in attendance.	Day and Time of Sessions.	Total number of attendances during the year.	
		Number who attended for first time during 1968.	Children up to 5 years
<u>STOCKSBRIDGE</u>  Johnson Street.  Dr. M. Bannon. Dr. G. Brennan. Dr. R. Patel.  Miss J. Incles. Mrs. M.A. Laycock (Asst.) Mrs. L.M. Sellars.	         Thursday p.m.	         538	         3,154

## HEALTH VISITING.

The Health Visitor has a multitude of duties which are much too numerous to detail here; suffice it to say that she plays a large part in tying up the loose ends in our National Health Service and also is very actively engaged in dealing with the other social services for the overall benefit of those in need. It is by no means an easy job to undertake. There are changes in the social services and in the Health Service being discussed at the moment, and my own impression is that the changes in the health visitors' duties will be ultimately to the benefit of both the health visitors and the community. During the year the health visitors made 5,554 visits to the homes in the Stocksbridge Urban District.



### HEALTH VISITING STAFF (1968)

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
Mrs. R. Chambers (Asst.) (Resigned 31.7.68)	76 Fir Tree Estate, Thurgoland.	Stocksbridge 3370.
Miss J. Incles	231 Tower Drive, Norfolk Park, Sheffield 2.	
Mrs. M.A. Laycock (Asst.)	23 Park Drive, Stocksbridge.	
Mrs. L.M. Sellars	Handbank Farm, Midhope, Stocksbridge	Penistone 3387.
Miss J.M. Walker	303 Haggstones Road, Worrall.	Oughtibridge 2174.
Mrs. S. Wright (Asst.) (Commenced 8.12.68)	47 Oldfield Road, Stannington.	

### HOME NURSING.

There was no change in the Home Nursing Staff during 1968, although a period of time was spent off duty by Mrs. Armitage, owing to illness, when relief duties were carried out by Mrs. Hardin Senior Relief District Nursing Sister.

The Home Nurse carries out duties within the domiciliary field, and visits patients referred by the general practitioner, with whom she works in close liaison, and by hospital authorities. Her work includes general nursing duties and the giving of injections, and all nursing aids and equipment are readily available under the County Council loan scheme. Much of her time is spent in caring for the geriatric patients within their own home environment, who often need rehabilitation. During 1968 the nurses attended 181 new cases, and the number of visits made was 7,348.

### HOME NURSING STAFF (1968)

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
Mrs. A.M. Armitage	88 Fox Glen Road, Deepcar.	Stocksbridge 2294
Mrs. E.M. Fox	7 Willow Road, Stocksbridge.	Stocksbridge 3505



## MIDWIFERY SERVICE.

There were no changes within the Midwifery Staff during the year, the midwives continuing to work in close co-operation with the general practitioners in the area. They attended the Antenatal Clinic held in the Johnson Street Clinic premises, and Antenatal and Relaxation Classes are held fortnightly when the expectant mother meets the midwife who endeavours, through her teaching, to promote a confident approach to confinement.

The number of cases attended by the midwives during 1968 was 69.

### MIDWIFERY STAFF (1968)

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
Miss R. Crossley	"Walderscroft", Hollin Busk Road, Deepcar.	Stocksbridge 3135.
Mrs. J.F. George	330 Middlewood Road North, Oughtibridge.	Sheffield 348130.

### NURSING STAFF AS AT 1ST JULY, 1969

#### HEALTH VISITORS

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
Miss J. Incles	231 Tower Drive, Norfolk Park, Sheffield 2.	
Mrs. M.A. Laycock (Assistant)	23 Park Drive, Stocksbridge.	
Mrs. L.M. Sellars	Handbank Farm Midhope, Stocksbridge.	Penistone 3387
Miss J.M. Walker	303 Haggstones Road, Worrall.	Oughtibridge 2174
Mrs. S. Wright (Assistant)	47 Oldfield Road, Stannington.	

#### HOME NURSES

Mrs. A.M. Armitage	88 Fox Glen Road, Deepcar.	Stocksbridge 2294
Mrs. E.M. Fox	7 Willow Road, Stocksbridge.	Stocksbridge 3505

### MIDWIVES.

Miss R. Crossley	"Walderscroft", Hollin Busk Road, Deepcar.	Stocksbridge 3135.
Mrs. J.F. George	330 Middlewood Road North, Oughtibridge.	Sheffield 348130.

### DOMESTIC HELP SERVICE.

During 1968 a total of 24,159 domestic help hours were provided in the Stocksbridge Urban District. There were 31 Domestic Helps employed, attending a total of 127 cases. Of this total, 83 cases were continued from 1967, the remaining 44 being new cases. The types of cases where domestic help was made available are as follows:-

Maternity cases	8
General cases over 65 years	109
General cases under 65 years	5
Other cases	5
	<hr/>
	127
	<hr/>

I think that any home which has experienced the need for a Home Help, and had the need met, will readily appreciate how valuable a service this is. If it is the intention, as appears to be the case, that patients will be kept where the vast majority of them would prefer to be, i.e. in their own homes, then there is no doubt that this service must expand considerably.

### MEALS ON WHEELS.

This voluntary service, supported by both the County Council and the District Councils, is another cog in the same machinery which allows people, particularly the elderly, to remain in their own homes and, incidentally at considerably less cost to the community. One has to appreciate that the Health Visiting Service, the Warden Service, the Meals-on-Wheels Service and the Home Help Service constitute a whole.

## DISTRIBUTION OF WELFARE FOODS.

The amount of Welfare Foods issued in Stocksbridge Urban District during 1968 was as follows:-

National Dried Milk	... ..	498 tins.
Cod Liver Oil	... ..	221 bottles.
Vitamin A and D Tablets	... ..	211 (packets of 45)
Orange Juice	... ..	3,737 bottles.

These foods are issued at the following Centres throughout the Division on the days and times stated:-

<u>Address of Premises</u>	<u>Days</u>	<u>Times</u>
<u>STOCKSBRIDGE URBAN DISTRICT</u>		
Child Welfare Centre, Johnson Street, Stocksbridge.	Thursday	2.00-4.00 p.m.
Brightside & Carbrook Co-op Soc., Deepcar Branch, Manchester Road, Deepcar.	During shop hours	
<u>PENISTONE URBAN DISTRICT</u>		
Child Welfare Centre, Shrewsbury Road, Penistone.	Monday	2.00-4.00 p.m.
<u>PENISTONE RURAL DISTRICT</u>		
Child Welfare Centre, Golf Club, Cawthorne.	Alternate Wednesdays	1.30-3.30 p.m.
P. & C. Sinclair, The Stores, Halifax Road, Thurgoland.	During shop hours	
<u>HOYLAND NETHER URBAN DISTRICT</u>		
Child Welfare Centre, Rockingham Youth Club, Sheffield Road, Hoyland Common.	Thursday	2.00-4.00 p.m.
Child Welfare Centre, Leisure Centre, King Street, Hoyland.	Tuesday	11.00-12.00 a.m. 2.00-4.00 p.m.

Cont'd

<u>Address of Premises</u>	<u>Days</u>	<u>Times</u>
<u>WORTLEY RURAL DISTRICT.</u>		
Clinic, Zion Congregational Church, Langsett Road South, Oughtibridge.	Thursday	2.00-4.00 p.m.
Clinic, Memorial Hall, Worrall.	Alternate Tuesdays	2.00-4.00 p.m.
Child Welfare Centre, Greenhead Wesleyan Reform Chapel, Greenhead Lane, Chapelton.	Wednesday	11.00-12.00 a. 2.00-4.00 p.m.
Clinic, Methodist Chapel, High Green.	Tuesday	2.00-4.00 p.m.
Colley Estate Clinic, Wheata Place, Sheffield 5.	Monday	2.00-4.00 p.m.
Clinic, Community Hall, Main Street, Grenoside.	Thursday	2.00-4.00 p.m.
Child Welfare Centre, Wharncliffe Silkstone Welfare Hall, Pilley, Nr. Barnsley.	Alternate Mondays	2.00-4.00 p.m.
Child Welfare Centre, Knowle Top, Stannington	Wednesday	2.00-4.00 p.m.
Child Welfare Centre, Congregational Church, Loxley.	Alternate Tuesdays	1.30-3.30 p.m.
Mrs. D. Harper, The Shop, Main Road, Dungworth.	During shop hours	



## SANITARY CIRCUMSTANCES - 1968

(Prepared by Mr. A. E. Kaye)

### Nuisances

Table showing the number and type of nuisance found and action taken during the year.

Blocked or defective drains	28
Blocked or defective W.C's	3
Defective dustbins	50
Defective roofs, eaves gutters and fallpipes	5
Dampness - various causes	5
Miscellaneous	13
	<hr/> 104
Total needing abatement	104
Abated during 1968	<hr/> 101
Outstanding December 1968	3
Informal notices served	45
Informal notices complied with	42
Statutory notices served	1
Statutory notices complied with	1

### Closet Accommodation

Closet accommodation at the end of the year consisted of:-

52 Privies and 4,789 Water Closets.

The remaining privies are in the rural areas where no sewers are available.

### Refuse Collection

Household refuse is collected from 4,780 dustbins, 17 Privies and 2 dry ashpits.

A weekly collection of household and trade refuse has been maintained throughout the year. The tip at Townend has continued in use for the disposal of refuse.

### Ice Cream

1 application for registration was received during the year.  
51 premises are registered for the sale only of Ice Cream.

### Inspections

46 inspections were made of registered food premises during the year.

### Meat Inspection

One licensed Slaughterhouse, which caters for 3 local butchers, is in operation in the district. During the year 563 Beasts and 944 Sheep were inspected.

## Meat Inspection Cont'd

The following organs found to be diseased were surrendered and disposed of:-

<u>DISEASE</u>	<u>ANIMAL</u>	<u>Parts surrendered</u> <u>LIVER</u>
Abcesses	Beast	6
Fluke	Beast	2
Parasites	Beast	1
Parasites	Sheep	3

## Other Foods

The following other foodstuffs were surrendered and disposed of:-

Canned Meats -  $31\frac{1}{2}$  lbs.

## Food Premises

The number of food premises in the area are made up as follow

Butchers	-	15
Bakers	-	2
Canteens	-	10
Fish Shops	-	9
Grocers	-	42
Sweets	-	15

## Water Supply

A main supply is available to 4,783 houses out of a total of 4,842 houses in the area.

## Offices, Shops & Railway Premises

101 premises are registered under the Offices, Shops & Railwa Premises Act 1963. 38 visits were made during the year to ensure compliance with the Act.

## Clearance Areas

6 families comprising 9 persons were rehoused from Clearance Areas during the year.

8 houses have been represented for Clearance during the year.

## Rodent and Insect Control

Minor infestations of rats were found in private property som of these were dealt with by the department and others were treated by the owners with the help of the department.

The Refuse Tip and Sewage Works are reasonably free from rats due to periodic inspection and treatment.



## Housing

New Houses completed:-

(a)	By Local Authority	...	76
(b)	Private Enterprise	...	132
	Total	...	<u>208</u>

## Discretionary Grants

13 Applications were granted for improvement of properties, these were owner occupied houses and the value of the grants was £1,610.

## Standard Grants

9 Applications were received and approved during the year and £975 was paid out against Standard Grants.

### NEW BUILDINGS AND DEVELOPMENT 1968

#### Proposals submitted for Approval

	<u>Approved</u>	<u>Dis- Approved</u>	<u>Total</u>
Garages ... ..	103	-	103
Garden sheds, Coal Stores, Porches, Greenhouses Etc.	61	-	61
Bathrooms ... ..	20	-	20
W.C's ... ..	8	-	8
New Houses ... ..	8	-	8
Bungalows ... ..	5	-	5
Residential Development ... ..	6	1	7
Shop Development ... ..	8	-	8
Works Development ... ..	11	-	11
Schools Development ... ..	4	-	4
Alterations to Dwellings ... ..	12	-	12
Kitchen Extensions ... ..	7	-	7
Change of Use ... ..	5	2	7
Signs ... ..	7	-	7
Play Group Building ... ..	2	1	3
Health Centre ... ..	1	-	1
Laundry ... ..	1	1	2
Scout Headquarters ... ..	1	-	1
Telephone Exchange ... ..	1	-	1
Bus. Shelter ... ..	1	-	1
Coffee Bar and Discotheque ... ..	1	-	1
Post Office Sorting Office ... ..	1	-	1
Central Heating ... ..	19	-	19
Miscellaneous ... ..	12	-	12
	<u>305</u>	<u>5</u>	<u>310</u>





